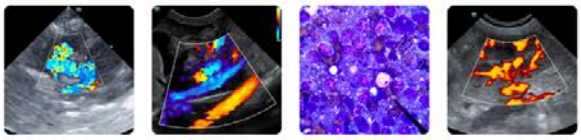


DATE

3/26/26

PATIENT

Sapper Bailey

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8/25/13

WEIGHT

31 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. Menefee

INVOICE

74067

PRESENTING CLINICAL SIGNS

Patient History: Pt presented on 3/23 for distended abdomen. Pt has 2-3/6 heart murmur (noted on exams since 2/2025), no current meds. In house labs from 3/23 showed nsf. Large volume peritoneal effusion drained.

Current Medications: Started on furosemide on 3/23
Labwork Results: Labwork attached, reported as: chem/cbc - nsf
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.65 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.25 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.32 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.81 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.18 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a subtle poorly defined hypoechoic large nodule/mass effect on the right side of the liver visualized intracostally, measuring 4.33 cm x 2.1 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder appears slightly prominent, possibly consistent with mild edema. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.43 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.31 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled, particularly in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of free abdominal fluid. There is no significant lymphadenopathy. The omentum is diffusely hyperechoic.

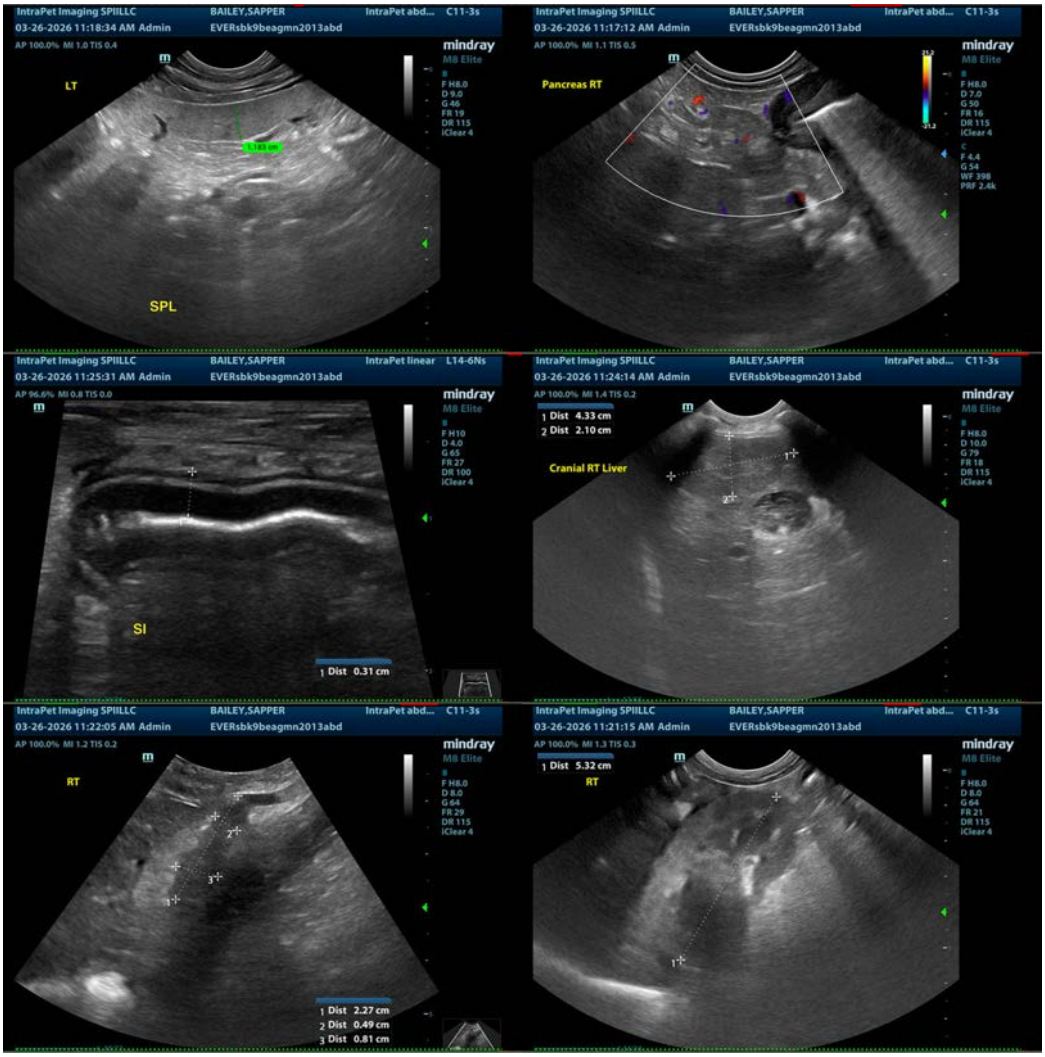
ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, heterogeneous, rounded liver with an ill-defined large right-sided nodule/mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The focal lesion is subtle and has an appearance most consistent with a primary hepatic lesion such as a large regenerative nodule, an adenoma or carcinoma. A more aggressive lesion is possible.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Moderate free abdominal fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive source for the effusion is visualized. The liver is large and rounded and there is a poorly defined hypoechoic region on the right side. Subjectively, this has somewhat of a benign appearance, but a neoplastic lesion cannot be ruled out. This is primarily visualized intracostally. If a safe window for sampling is available, consider a fine needle aspirate.

Recommend fluid analysis and cytology. This will help to narrow down the differential list for the effusion reported. Additionally recommend 3-view thoracic radiographs and cardiac evaluation. If cardiac disease is ruled out, other potential diagnostics could include liver function testing.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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